

All patients prescribed a AAI need to be referred to secondary care (outpatient unless current anaphylaxis 999)

Mild/Moderate

- **Symptoms:**
 - Swollen lips, face or eyes,
 - Itchy/tingling lips or mouth
 - Urticaria or itchy skin rash
 - Abdominal pain or vomiting
 - Sudden change in behaviour

WITH no progression or red signs/symptoms



1. [Allergy action plan](#)
2. **Consider AAI in:** If Unsure discuss with [Paediatric Advice Line](#)
 1. Children who are allergic to high-risk allergens, for example nuts with other risk factors (such as asthma), even if the reaction was relatively mild
 2. Children who had a reaction in response to trace amounts of allergen/trigger
 3. Children who cannot easily avoid the allergen
 4. Children with significant co-factors (e.g. asthma in food allergy)If Unsure discuss with Paediatric Advice Line

Severe

Any evidence of **severe reaction/anaphylaxis** – check ABC symptoms.

- **Airway** - hoarse voice/cry, persistent cough, stridor, excessive drooling, difficulty swallowing, swollen tongue
- **Breathing** – wheeze, cyanosis, breathlessness/increased work of breathing
- **Circulation and consciousness**- pale, floppy, dizzy, unusually and profoundly sleepy, loss of consciousness, tachycardia, hypotension



AAI RECOMMENDED

AAI are not required for avoidable causes of anaphylaxis e.g. parenteral drug, oral prescription-only drugs, some occupational triggers if unsure contact the [Paediatric Advice line](#)

If Prescribing an AAI

1. Also prescribe antihistamine - Chlorphenamine prn if under 1 years or Cetirizine prn if 1 or over as per BNFC.

2. Prescribe Adrenaline Autoinjector as per cBNF advice – 2 pens should be available at all times. Emphasis importance of in date pens and training.

Adrenaline autoinjector relevant training videos and to order practice pens: [How adrenaline treats anaphylaxis | Anaphylaxis UK | Anaphylaxis UK](#)

3. Provide an appropriate [Allergy Action Plan](#) and advise avoidance of allergen.

4. Optimise asthma treatment and other co-morbidities such as allergic rhinitis and/or eczema.

5. Outpatient referral to Paediatrics.

5. Additional GP guidance on how to prescribe AAI

[-Adrenaline auto-injector prescription for patients at risk of anaphylaxis: BSACI guidance for primary care - BSACI](#)